

TCM Letterhead

Insert Date Here

Dear Insert Name of Individual or Parent/Caregiver's Name Here:

Name Here is currently enrolled in the Northwest Missouri Autism Project (NWMAP) which means that he/she may access approved services up to \$5,000 per plan year.

As your Support Coordinator, I am obligated to visit with you quarterly about your Individual Support Plan. Records indicate that you have not utilized services funded through NWMAP since (Insert Date Here).

Since there is a wait list for individuals desiring to access services funded through NWMAP, it is important to use that funding within your plan year. If it is not used, you may be at risk of losing it.

I will be in contact with you within the next two weeks to discuss the status of your enrollment in NWMAP. At that time, we can discuss services that may be approved and what assistance I can provide in locating providers or otherwise explaining how Autism Project funding may assist individuals with autism spectrum disorder and their families. I am enclosing a document that lists examples of approved services.

You may be interested to know that you may read and review information about NWMAP, including the roles and responsibilities of Support Coordinators, at the Office of Autism Services' web page <http://dmh.mo.gov/dd/autism/nwautismproject.htm>. In addition, you may contact the Division of Developmental Disabilities' Family Resource and Autism Specialist for the Kansas City Regional Office at (Insert Phone Number Here).

The Family Resource and Autism Specialist for the Kansas City Regional Office will receive a copy of this letter. If no action is taken within a month of our visit, around (Insert date that is 4 weeks after the 2 weeks provided to contact family), the Family Resource and Autism Specialist for the Kansas City Regional Office will send you a letter by certified mail, stating that you may no longer access services funded through NWMAP. Please keep this letter with your important documents.

I look forward to visiting with you soon. If you have questions, please contact me at (Insert Contact Information Here).

Sincerely,

Your Name

Support Coordinator

Name of TCM Entity

c: Kansas City Regional Office Family Resource and Autism Specialist, case file

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